

*Check A Box
Paragraph Specimen*

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM 10-876)**

SERIAL NO. **10/000073** FILING DATE _____
 APPLICANT (NAME) _____

4-2-87 CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1					1	
2						
3					1	
4						
5		4	1			2
6		5		3		3
7		11		4		3
8		2		4		1
9	1		1		1	
10					1	
11		2		2		2
12		2		2		2
13		2		2		2
14		3		2		2
15		2		2		2
16		2		2		2
17		2		4		4
18		2		4		4
19		2		4		4
20		2		4		4
21		2		4		4
22		2		4		
23		2		4		
24		2		4		
25		2		4		
26		2		4		
27		2		4		
28		2		4		
29		2		4		
30		2		4		
31	1			4		
32		1	1			
33		1		1		
34	1		1			
35						
36		2		2		
37	1		1			
38				1		
39	1		1			
40						
41		2		2		
42		2		2		
43		2		2		
44	1		1			
45						
46		2		2		
47		2		2		
48	1			5		
49						
50						
TOTAL IND.			9		4	
TOTAL DEP.			118		44	
TOTAL CLAIMS			119		48	

	IND.		DEP.		IND.		DEP.		IND.		DEP.	
51												
52												
53												
54												
55												
56												
57												
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95												
96												
97												
98												
99												
100												
TOTAL IND.												
TOTAL DEP.												
TOTAL CLAIMS												

10-009873